

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41	1					
42		1				
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51	1					
52		1				
53			1			
54				1		
55					1	
56						1
57	1					
58		1				
59			1			
60				1		
61					1	
62					1	
63	1					
64		1				
65			1			
66				1		
67					1	
68						1
69						1
70						1
71						1
72						1
73						1
74						1
75						1
76						1
77						1
78						1
79						1
80						1
81						1
82						1
83						1
84						1
85						1
86						1
87						1
88						1
89						1
90						1
91						1
92						1
93						1
94						1
95						1
96						1
97						1
98						1
99						1
100						1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						